

# ALABAMA ASSOCIATION OF DRUG COURT PROFESSIONALS

## MEMBERSHIP APPLICATION

NAME

☐ Mr.

☐ Ms. \_\_\_\_\_

☐ Mrs.

☐ Judge

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

AGENCY \_\_\_\_\_

TITLE / POSITION \_\_\_\_\_

AGENCY ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ FAX# \_\_\_\_\_

CELL PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**Membership Type – All memberships run calendar year from January 1 – December 31.**

☐ Professional \$25 per year

☐ Associate \$25 per year

☐ Sustaining \$200 per year

*Please complete all information and return along with payment to:*

AADCP

P.O. Box 574

Montgomery, AL 36101-0574